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AMERSHAM RURAL DISTRICT COUNCIL

REPORT

of the

Medical Officer of Health

and the

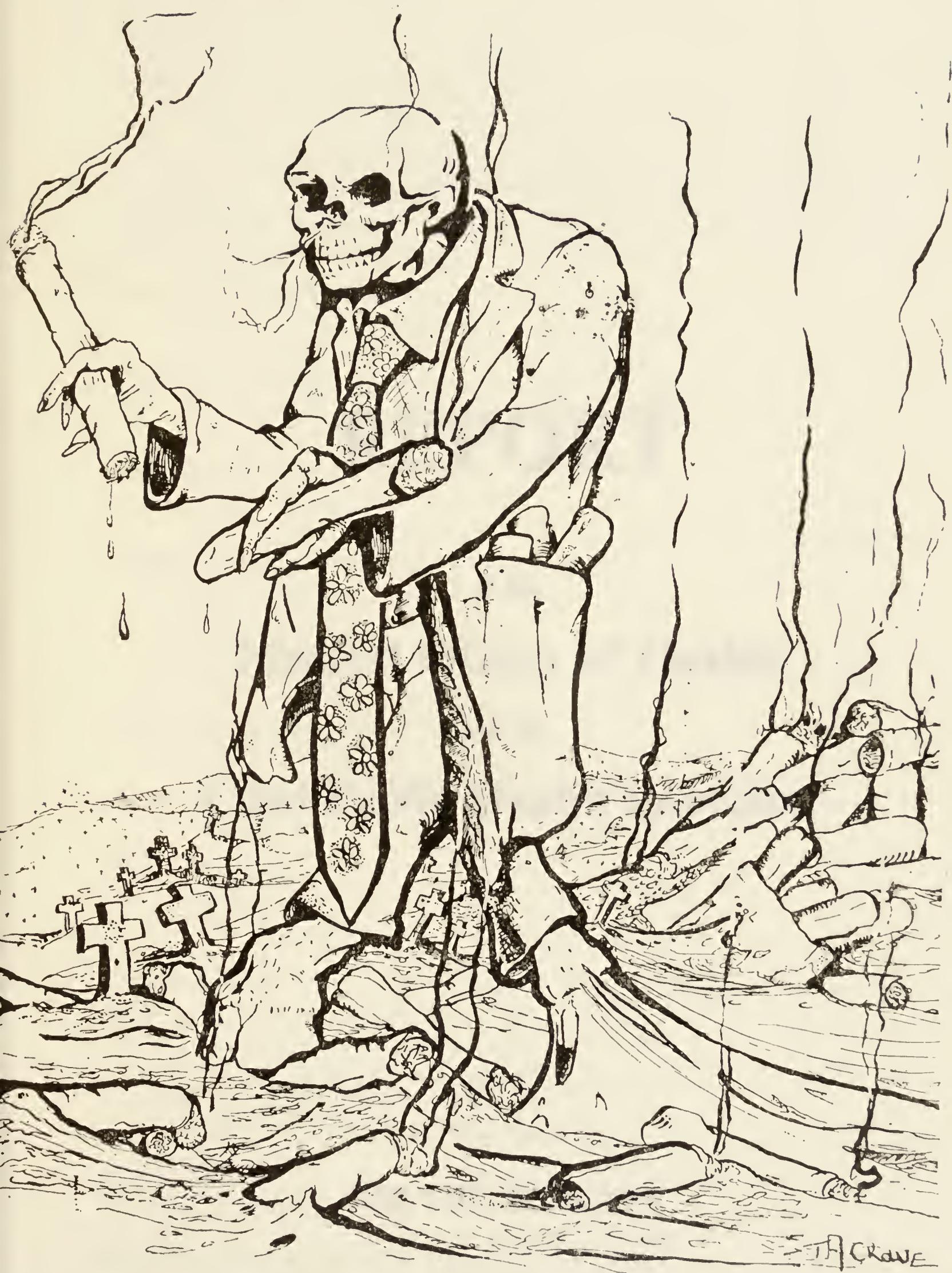
Chief Public Health Inspector

FOR THE YEAR 1971



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AMERSHAM RURAL DISTRICT COUNCIL

REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1971

AMERSHAM RURAL DISTRICT COUNCIL

Chairman:

Mrs. K. B. W. Wickham
(at 31st December, 1971)

PUBLIC HEALTH COMMITTEE (at 31st December, 1971)

Chairman:

Mrs. L. M. B. STONEHAM

Vice-Chairman:

Mrs. W. CORKISH

Councillors:

Mrs. B. BARNES

Mr. C. S. G. BUSZARD

Mr. E. COLLIER

Mr. D. M. GRIFFITHS

Mr. D. E. HAZELL

Mrs. B. R. IFFTNER

Mr. F. J. JEFFERY

Mrs. M. ORPEN

Mrs. E. STEVENS

Mrs. M. R. TOMLINSON

PUBLIC HEALTH OFFICERS

(at 31st December, 1971)

Medical Officer of Health:

Dr. B. H. BURNE, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.
M.F.C.M.

(The Medical Officer of Health is also Medical Officer of Health for Chesham Urban District Council and Beaconsfield Urban District Council: Deputy Divisional School Medical Officer and Departmental Medical Officer)

Deputy Medical Officer of Health:

Dr. W. J. RISK, M.B., CH.B.

Chief Public Health Inspector:

Mr. F. G. CAUDERY, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:

Mr. W. E. JONES, M.A.P.H.I.

Additional Public Health Inspectors:

Mr. R. POWELL, M.A.P.H.I.
Mr. H. H. COMESTON, M.A.P.H.I.
Mr. G. ECCLES, M.A.P.H.I.
Mr. L. E. PADDOCK, M.A.P.H.I. (left August)

Student Public Health Inspectors:

Mr. L. S. HUMPHREYS (appointed Public Health Inspector, August)
Mr. E. A. MASSEY

Meat Inspectors:

Mr. W. KIND
Mr. J. EATWELL

Clerical Staff:

Mrs. P. D. BIRKHEAD
Miss L. HAZELL (left August)
Mrs. D. HAMMOND (appointed August)
Mrs. G. GORING (left September)
Miss R. KIRSTEN (appointed September)

Rodent Officer:

Mr. C. AVERY

Whelpley Hill Caravan Park Warden:

Mr. D. L. PULLAN

ARRANGEMENT OF THE REPORT

	Pages
<i>Section I: GENERAL AND VITAL STATISTICS</i> ..	10
<i>Section II: GENERAL PROVISION OF HEALTH SERVICES</i>	14
Hospital Services	
Laboratory Facilities	
Ambulance Services	
School Health Service	
Mental Health Service	
Occupational Therapy	
Radiography	
Proposed Health Centre	
Cervical Cytology	
Homeless Families	
Old People's Welfare Committees	
Chiltern's Samaritans	
Medical Comforts Depot	
Child Health Centres	
Midwifery and Home Nursing Service	
Health Visitors	
<i>Section III: NATIONAL ASSISTANCE ACTS, 1948-1951</i>	
Sections 47 and 50	23
<i>Section IV: PREVALENCE AND CONTROL OF INFECTIOUS DISEASES</i>	23
Cases notified 1970 and 1971	
<i>Immunization and Vaccination</i>	
Smallpox	
Tuberculosis	
Diphtheria	
Poliomyelitis	
Rubella	

<i>Section V: SANITARY CIRCUMSTANCES OF THE AREA</i>	.. .. .. ..	27
General Administration		
Council Properties		
Housing (Financial Provisions) Act, 1958.		
Housing Act, 1969		
Slum Clearance		
Caravans and Caravan Sites		
Water Supply		
Drainage and Sewerage		
Cesspool Emptying Service		
Refuse—collection and disposal		
Rodent Infestation and Destruction		
<i>Section VI: INSPECTION AND SUPERVISION OF FOOD</i>	.. .. .. ..	35
Milk and Dairies (General) Regs., 1959		
Milk Sampling and Miscellaneous Sampling		
Food Hygiene (General) Regs. 1970		
Complaints of alleged unfit food		
Meat Inspection at Slaughterhouses		
<i>MISCELLANEOUS ACTS</i>	.. ..	38
<i>Section VII: FACTORIES ACT AND WATER SUPPLY</i>		40
<i>Appendix I</i> Factories Act, 1961		
<i>Appendix II</i> Water Supply—Results of Analyses		
<i>ANNUAL REPORT OF THE FAMILY PLANNING ASSOCIATION</i>	.. ..	44

PUBLIC HEALTH DEPARTMENT,
COUNCIL OFFICES,
42 HIGH STREET,
AMERSHAM, BUCKS.
December, 1972.

Telephone: Amersham 4433

To: The Chairman and Councillors of the Amersham Rural District Council

LADIES AND GENTLEMEN,

The year 1971 saw the establishment locally of a multi-disciplinary group meeting regularly and known as the Area Liaison Committee on Drug Abuse. There is a similar Committee at County Headquarters level. As in other fields where society feels threatened (for instance the Road Safety Committee), it helps that those with common interests should evolve a common philosophy, exchange what facts and figures that are available and get to know each other personally. Essentially ours is a professional Committee of those working in the field. A pastoral analogy is perhaps not too apposite since part of our vulnerability here we feel to be our position adjacent to 'the great wen' itself.

Whilst not denying the value of the fruits of technology progress in pharmaceutical chemistry some new products have been shown to have drawbacks and plant-based narcotics continue to be of commercial and medical value. Every silver cloud of human advancement turns out to have a black lining unless responsibility is exercised at six levels, (1) personal, (2) professional, (3) social, (4) economic (5) governmental and (6) international. I do not propose to deal with 4, 5 and 6.

(1) It would be most undesirable for the medical patient to eschew drugs completely. There are many who need maintenance therapy of one kind or another; insulin for diabetics being a good example. Many psychiatric patients and others of a suspicious nature do themselves, their relations and their doctors a disservice through not taking their properly prescribed treatment carefully and consistently. On the other hand there are people who would even consider taking aspirin as a sign of moral weakness and their view should be respected as in certain circumstances, this drug can be dangerous.

(2) As medical practitioners we have recently been taking a shrewd look at our prescribing habits. In some areas there have been self-imposed professional limitations on the medical use of some preparations, notably the stimulants such as amphetamine. As with hire-purchase some drugs may encourage people to live beyond their personal limit. This can be more disastrous than living beyond one's financial limits. There are so many different ways of spending one's personal resources, physical, mental and social quite apart from the more obvious.

Again there are many better drugs now available (compared with barbiturates, for instance, there are sedative and hypnotic drugs with a wider safety margin) also more preventive use can be made of the drugs now available.

(3) Surely we must take a cool, long look at our society that needs so many "facilitators" in order to keep it working smoothly. Think of the thousands of gallons of alcohol, the hundred weights of caffeine in the form of coffee and tea, the lorry-loads of hypnotics and tranquillisers, the shiploads of nicotine which keeps us in working order and to be reasonably nice towards each other. Could we not avoid the use of all these by improving the adaption processes which have, evolutionarily speaking, brought us to our present eminence. We are certainly pre-eminent but Desmond Morris is not so far wrong when he refers to part of us at least as belonging to a "human zoo". We are not well adjusted because we keep changing the situation to which we have to adjust - like spoilt children we want new toys to play with before we have fully explored the old. Unlicensed use of drugs, and the adjuncts of the drug sub-culture,* including drug fetishes, false art, bogus music and unintelligible poetry, etc., provides whole nurseries full of "mind expanding" toys for the immature adolescent to play with. Unfortunately after wasting his time playing he may find out rather too late that he should have been working at growing up. It is not automatic. Maturation is not inevitable except in a vegetative sense, despite what some modern philosophers would have us believe. There is much talk of communication. It is no use being able to communicate if you have nothing to say and any form of communication can only be a means to an end.

My conclusion is that there are no more short cuts to be made which are acceptable on all health grounds, be they medical, psychological or social. Society demands happier people, fewer patients and less crime and on this account alone I am reasonably satisfied but standards keep rising. We have had a national and international epidemic of drug-addiction to the "hard" drugs. The most recent national figures tend to confirm that this out-break has been contained. On "soft" drugs, society's attitudes are more ambivalent but I expect this to harden against them. It would seem better to try to moderate the drives and attitudes within our society which make us so vulnerable to drugs of social use. Chief amongst these must be rated the cult of mechanisation. Our bodies do not run like internal combustion engines as some by their behaviour, seem to think, nor do our minds have the detached efficiency of computers. We had better accept ourselves for what we are.

B. H. BURNE
Medical Officer of Health

*the word *uglification* seems to best describe this cult, a word coined by Lewis Carroll in Alice in Wonderland, Chapter 9, "... I only took the regular course the different branches of Ambition, Distraction, Uglification and Derision".

SECTION I

GENERAL AND VITAL STATISTICS

1. GENERAL STATISTICS

**Population	..	..	..	..	..	68,550
Area (acres) of district	..	..	..	..	..	46,233
Number of habitable houses 1st April, 1971						21,753
Rateable value of area 1st April, 1971						£3,558,672
Net product of a penny rate 1971/72 (est.)						.. £35,168

2. VITAL STATISTICS

(a) Live Births

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	450	427	877
Illegitimate	..	22	17	39
Total live births	..	472	444	916
Crude birth rate per 1,000 population			..	13.4
*Corrected birth rate per 1,000 population (Comparability factor 0.97)			..	13.0
Illegitimate live births per cent of total live births	..	..	..	4.0

(b) Still Births

Still births per 1,000 live and still births	14
Total live and still births	930

(c) Deaths

Infant deaths (deaths under one year)	11
Infant mortality rate per 1,000 live births	12.0
Infant mortality rate per 1,000 legitimate live births	11.0
Infant mortality rate per 1,000 illegitimate live births	26.0
Neo-natal mortality rate (deaths under four weeks) per 1,000 total live births	10.0
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	9.0
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	23.0
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and still births	—
Crude death rate per 1,000 population	9.2
*Corrected death rate per 1,000 population (Comparability factor 1.04)	9.6

*The corrected birth and death rates are those which are obtained when the crude local rates are adjusted to make allowance for the way in which the sex and age distribution

of the local population differs from that of England and Wales.

**Population. The total estimated population of the three districts for which I am Medical Officer of Health is 100,690.

CAUSES OF DEATH

Once again I echo the warnings given in previous years that a very considerable part of the cause of death from diseases of the respiratory system, both from cancer and forms of infection, is contributed by smoking, particularly the smoking of cigarettes.

The National trends are, of course, seen better in the figures issued by the Chief Medical Officer for the Department of Health, as our local figures are liable to more fluctuation because, for statistical purposes, they are relatively small.

			Males	Females	Total
B4	Enteritis and other Diarrhoeal Diseases		1	0	1
B18	Other Infective and Parasitic Diseases		0	1	1
B19(1)	Malignant Neoplasm, Buccal Cavity Etc.	1		0	1
B19(2)	Malignant Neoplasm, Oesophagus	1	5		6
B19(3)	Malignant Neoplasm, Stomach	..	7	4	11
B19(4)	Malignant Neoplasm, Intestine	..	6	10	16
B19(5)	Malignant Neoplasm, Larynx	..	1	0	1
B19(6)	Malignant Neoplasm, Lung, Bronchus	26	5		31
B19(7)	Malignant Neoplasm, Breast	..	0	14	14
B19(8)	Malignant Neoplasm, Uterus	..	0	1	1
B19(9)	Malignant Neoplasm, Prostrate	..	5	0	5
B19(10)	Leukaemia	..	..	0	1
B19(11)	Other Malignant Neoplasm	..	20	21	41
B21	Diabetes Mellitus	..	..	4	1
B21	Diabetes Mellitus	..	..	4	5
B46(1)	Other Endocrine Etc. Disease	..	1	0	1
B46(2)	Other Diseases of Blood, etc.	..	0	1	1
B46(3)	Mental Disorders	..	..	1	0
B46(3)	Mental Disorders	..	..	1	1
B46(5)	Other Diseases of Nervous System		4	1	5
B26	Chronic Rheumatic Heart Disease	..	3	9	12
B27	Hypertensive Disease	..	4	1	5
B28	Ischaemic Heart Disease	..	..	98	69
B29	Other forms of Heart Disease	..	7	23	30
B30	Cerebrovascular Disease	..	..	36	53
B30	Cerebrovascular Disease	..	..	36	53
B46(6)	Other Diseases of Circulatory System		5	15	20
B31	Influenza	..	..	0	1
B32	Pneumonia	..	..	25	42
B33(1)	Bronchitis and Emphysema	..	20	5	25
B33(2)	Asthma	..	..	2	0
B33(2)	Asthma	..	..	2	2
B46(7)	Other Diseases of Respiratory System		2	3	5
B34	Peptic Ulcer	..	..	5	2
B36	Intestinal Obstruction and Hernia		1	0	1
B37	Cirrhosis of Liver	..	..	1	1
B46(8)	Other Diseases of Digestive System		1	2	3

B38	Nephritis and Nephrosis	..	..	1	2	3
B39	Hyperplasia of Prostrate	..	..	1	0	1
B46(9)	Other Diseases, Genito-Urinary System	1		3		4
B46(11)	Diseases of Musculo-Skeletal System	0		1		1
B42	Congenital Anomalies	..	..	2	2	4
B43	Birth Injury, Difficult Labour Etc...	2		3		5
B44	Other causes of Perinatal Mortality	0		1		1
B45	Symptoms and ill defined conditions	0		3		3
BE47	Motor Vehicle Accidents	..	..	4	1	5
BE48	All other accidents	..	..	6	8	14
BE49	Suicide and Self-Inflicted Injuries	..		5	2	7
BE50	All other External causes	..		1	2	3
TOTAL ALL CAUSES				311	319	630

(The figures in the left hand column refer to the International Statistical Classification of Diseases, Injuries and Causes of Death, based on recommendations of the Eight Revision Conference, 1965, and adopted by the Nineteenth World Health Assembly.)

COUNTY OF BUCKINGHAM — Population Birth and Mortality Rates for the Year 1971

District	Population Census 1971	Registrar-General's estimated population mid 1971	Births		Deaths	
			Number	Rate per 1,000 population	Number	Rate per 1,000 population
URBAN						
Aylesbury	41,288	41,100	731	17.8	332	8.1
Beaconsfield	11,861	11,930	129	10.8	86	7.2
Bletchley	30,608	30,820	735	23.8	193	6.3
Buckingham	5,075	5,180	73	14.1	49	9.5
Chesham	20,416	20,480	417	20.4	165	8.1
Eton	3,954	5,180	35	6.8	30	5.8
High Wycombe	59,298	59,930	1,092	18.2	469	7.8
Marlow	11,706	11,740	183	15.6	95	8.1
Newport Pagnell	6,337	6,360	137	21.5	103	16.2
Slough	86,757	87,660	1,683	19.2	781	8.9
Wolverton	13,891	13,800	216	15.7	164	11.9
TOTAL URBAN	291,191	294,180	5,431	18.5	2,467	8.4
RURAL						
Amersham	68,413	68,550	916	13.4	630	9.2
Aylesbury	38,499	38,740	624	16.1	376	9.7
Buckingham	9,557	10,160	154	15.2	95	9.4
Eton	71,656	72,680	994	13.7	612	8.4
Newport Pagnell	15,803	16,020	260	16.2	167	10.4
Wing	10,739	10,770	181	16.8	111	10.3
Winslow	10,126	10,220	172	16.8	147	14.4
Wycombe	70,299	71,430	1,295	18.1	547	7.7
TOTAL RURAL	295,092	298,570	4,596	15.4	2,685	9.0
TOTAL COUNTY	586,283	592,750	10,027	16.9	5,152	8.7
ENGLAND AND WALES	48,815,000	783,165	16.0	567,345	11.6	

SECTION II

GENERAL PROVISION OF HEALTH SERVICE

Hospital Services

The Amersham Rural District is situated in the area of the High Wycombe and District Management Committee of the Oxford Regional Hospital Board. The Medical Officer of Health is a member of the Amersham House Committee and the Medical Advisory Committee. The Chief Public Health Inspector is also a member of the Amersham House Committee.

Hospitals Available for the District

Pulmonary Tuberculosis	— Berks and Bucks Joint Sanitorium, Peppard Common
General	— Chesham Cottage Hospital
„	— Amersham General Hospital
„	— Royal Buckinghamshire Hospital, Aylesbury
„	— Wycombe General Hospital, High Wycombe
„	— Chalfonts and Gerrards Cross Hospital
Infectious Diseases	— Aylesbury Isolation Hospital, Stoke Mandeville
Psychiatric	— St. John's Hospital, Stone, Ayles- bury
Maternity	— Stone Maternity Home
	— Maternity Unit Amersham General Hospital
Subnormal	— Borocourt Hospital, Nr. Reading Berks. Manor House Hospital, Aylesbury.

During the year the Medical Officer continued to serve on the Control of Infection Sub-Committee, formed to advise the Group Hospitals on measures to reduce the incidence of infection and cross-infection in hospital.

The Medical Officer also continued to serve on the Postgraduate Education Committee.

Laboratory Facilities

Bacteriological laboratory facilities are provided by the Public Health Laboratories situated at Oxford, Luton and Watford.

Samples of water and sewage effluent for chemical analysis are sent to the Public Analyst, London Borough of Southwark.

Ambulance Services

These services are administered by the County Health Authority. The Amersham R.D.C. area is served by the Amersham and High Wycombe stations. (Telephone numbers Amersham 7154 and High Wycombe 21871 respectively).

Education Act, 1944—School Health Service

The work of the School Health Service is administered from the offices at 53, High Street, Amersham. The Medical Officer has the responsibility for this service in Amersham and Chesham. The report of the Divisional School Medical Officer is contained in the Annual Report of the Principal School Medical Officer. The Medical Officer of Health is Medical Officer to Knotty Green Special School; Stony Dean Special School, Amersham: the Partially-hearing Unit at Woodside School, Amersham, the Home Group for Physically Handicapped Children, Heritage House, Nalders Road, Chesham and Prestwood Lodge Special School.

Mental Health Act . 1959

Mental Welfare Officers and Social Workers are available from the office of the Area Social Services Department 32, Octagon Parade, High Wycombe, (Telephone High Wycombe 32861) and out of working hours via the Ambulance Service.

The Junior Training Centre for Mentally Handicapped Children is at Heritage House, Nalders Road, Chesham. This is a purpose-built Centre and next to the Senior Training Centre, the Nalders Road Industrial Unit.

The Medical Officer of Health is approved by the County Mental Health Authority to recommend action under various sections of the Mental Health Act.

Occupational Therapy

The Red Cross Hut at Great Missenden is used as an occupational therapy workshop two days each week. Patients continue to be brought by ambulance and local patients who can make their own way there are attending, but the hut is suitable for ambulant cases only. Many patients in the district are being referred for advice on aids for daily living and a considerable increasing number of cases are being referred by General Practitioners. The domiciliary service is, of course, still available on medical recommendation.

Radiography

As reported in my annual report last year the Mass Radiography Service was discontinued in Amersham as from 1st January 1971. However, some cases are referred by me to the hospital, free of cost, depending on the type of service required.

National Health Service Act, 1946—Section 21 Proposed Health Centre for Amersham

Negotiations have continued throughout the year in regard to the terms of lease for the site and the building of a Health Centre. The proposed Health Centre will include facilities for a number of General Practitioners and accommodation for clinical treatment and counselling services associated with the School Health Service. A search is still being made for a suitable site for a new ambulance station.

There has been considerable concern locally for some time about the future of the accident and emergency services and how the present service may be replaced in the future by services at Wycombe General Hospital, Amersham General Hospital and at the new Health Centre.

The Regional Hospital Board can-not say it intends (beyond phase II of the development of Amersham General Hospital) to provide an accident and emergency service at Amersham Hospital, as an area service has already been established at Wycombe. In this context Amersham/Wycombe is considered as one District General Hospital.

The 24 hour service at Amersham has already been withdrawn but accidents and emergencies continue to be treated on a 9 a.m. to 5 p.m. weekday basis. As this is a day-time service some 'surgery' cases also present themselves who might well attend their General Practitioners for treatment.

Whilst adequate medical staff are available (but only as a supplement to the Wycombe Department) the present service continues. It is not possible to estimate how long this will be, for staff might not be available at very short notice indeed. It is hoped that this service would at least bridge the gap until the Amersham Health Centre is established. However, it should be pointed out that this Health Centre will only serve part of Amersham and by no means the district as a whole.

The Intensive Care Unit being planned for Amersham is not a Casualty Department but would accept any acute medical or surgical case notified as an emergency by a medical practitioner working in the Community.

I would add that the Oxford Regional Board's policy is in line with present national policy but the Department of Health and Social Security has announced a projected White Paper on staffing and the Casualty Service.

Cervical Cytology Clinics

These are held on alternate Monday mornings at Amersham Hospital in the Outpatients' Department and are run by the Local Health Authority. Application cards are available from General Practitioners and Health Visitors, or direct from the Health Visitors' Office, Germain Street Clinic, Chesham (mornings only) telephone number Chesham 3991 and from the Public Health Department.

Homeless Families

In 1967 a joint circular was issued by the then Ministry of Health, the Home Office and the Ministry of Housing and Local Government to all local authorities, outlining arrangements for assistance of homeless families in financial difficulties. The arrangements outlined by the Government Department had been working for some time, as the County Health Authority had a guaranteed rent scheme in operation and a number of the suggestions concerning prevention of families becoming homeless were already being used.

These arrangements have been modified by the setting up of Social Service Departments. As ad hoc Chairman of the conference of professional workers in this field I wish to thank the County Health Visitors and all social workers both of voluntary agencies and of statutory services for their helpful co-operation. I should also particularly like to thank the Housing Manager's and Treasurer's Departments for their forbearance towards our sometimes difficult clients, thus preventing the break-up of families or avoiding their homelessness.

Old people's Welfare Committees

The following reports have been received from the various Old People's Welfare Committees in the district:-

1. Prestwood and Great Kingshill Old People's Welfare Committee. Hon. Secretary:- R. C. Franklin, Connaught Lodge, Nairdwood Lane, Prestwood, Great Missenden. (Tel. G. M. 2973).

There was a steady increase in the number of elderly people in need of help in this area with a consequent expansion in activities. Fortunately as a result of the generosity of subscribers to the funds and the efforts of the Fund Raising Sub-Committee, both income and expenditure on aid reached record figures.

The distribution of coal and fuel was maintained on a satisfactory basis to an increased number of homes. Parcels and presents were provided at Christmas and some entertainment was also provided. An increased number of calls for transport and help in other ways, particularly during recent months, were all met.

2. Amersham and district Old People's Welfare Committee. Hon. Secretary:- Mr. R. T. Teagle, 41 Clifton Road, Chesham Bois, Amersham. (Tel. Amersham 7116).

The usual activities continued satisfactorily during the year. A series of outings were financed. These were competently arranged by the Clubs and greatly enjoyed by nearly 300 persons. Following the success of the annual bazaar it was anticipated that this would be repeated next year.

At Christmas the Committee joined with The Lions Club, Rotary and Round Table in the supply and distribution of some 560 gifts to the elderly in the district which was in addition to separate arrangements made by a number of other organisations.

Early this year the Council was approached with a view to

the introduction of a scheme of concessionary bus fares for the elderly and disabled. This has now become a reality which must benefit considerable numbers. The Committee expressed their most grateful thanks to the Council.

The Chiropody service continued. This service met an urgent need and the Committee were greatly indebted to Mrs. Rourke for her continued help.

Support was again given by many voluntary helpers without whom it would not be possible to operate and special thanks were conveyed to them and to members of the W.R.V.S. who continued to organise and operate a very successful Meals on Wheels service and lunch club.

3. Gerrards Cross and Chalfonts Old People's Welfare Committee.

Hon. Secretary:- Mrs. P. V. Durtnal, 39 Latchmoor Way, Gerrards Cross (Tel. G. X. 84379).

Whilst the Committee's basic activities of domiciliary visiting, Christmas parcels, outings, holidays and the provision of comforts ranging from fuel to T.V. licenses continued on the usual scale, the highlights of the year's work was the successful opening of the foot clinics.

The committee acknowledged with gratitude the great help afforded by the Amersham R.D.C. who, not only made a financial grant, but put at their disposal for the purpose of running the clinics, rooms at Ellwood House, Chalfont St. Peter and Church Farm House, Chalfont St. Giles. Councillor Sanderson was co-opted on to the management committee where his help and advice were very welcome.

4. Great Missenden and District Old People's Welfare Committee.

Hon. Secretary:- S. W. Surry, "Homeleigh", London Road, Great Missenden. (Tel. G.M. 3589).

The Committee justified its name "Great Missenden and District" as it continued to widen the scope of its work which now includes Hyde End.

There were 14 active members on the Visiting Sub-Committee. The local interest and appreciation of the Committee's work was made evident during the year as eight covenanted subscriptions were received in addition to donations.

The recently-formed local branch of the Round Table were very helpful in many ways, especially during the coal strike. Two distributions of 3 cwt. of coal to each of the 30 elderly people were made and in four other cases money was given in lieu for payment of electricity.

The Committee prepared a new booklet containing useful information for the elderly and including items of general interest.

Chilterns Samaritans Report

During 1971 684 people contacted us which represented an increase of 156 on the previous year. Their troubles covered a wide

range and included marital problems, depression, loneliness, sexual difficulties, unwanted pregnancies, finance, difficulty in finding accommodation, worry about other people and drugs and alcoholism.

The Samaritans exist to help the suicidal and despairing and do so by manning a telephone so that immediate contact can be made at any hour of the day and night. Our telephone number - Amersham 5000 is easily remembered and we encourage those who wish to call at the Centre between 10 a.m. and 10 p.m. to speak in confidence to a Samaritan about their problems. At present the Centre is based at 7 Hill Avenue, Amersham, but in March, 1973, we are moving a short distance to premises at 'Foxboro', Station Road, Amersham.

There are at present over 120 Samaritan Branches throughout the United Kingdom.

Jean M. Cox
(*Hon. Secretary*)

Dr. Helen Davidson Medical Comforts Depot

Part of the Helen Davidson Memorial Fund was devoted to the equipping of a medical comforts depot in the St. John's Ambulance H.Q.s., Chichester Row, Amersham. The depot, (known as the Dr. Helen Davidson Room) was opened in 1969, and the hours of opening are as follows:

Tuesdays	—	2 to 3.30 p.m.
Thursdays	—	8 to 10 p.m.

Enquires may be made at other times at 92 Plantation Road, Amersham, or over the telephone at Amersham 6721 or 7788. These times are arranged in conjunction with the opening times of the British Red Cross Medical Comforts Depot in Chiltern Avenue, Amersham, which are as follows:-

Mondays	—	2 to 3 p.m.
Wednesdays	—	
Fridays	—	

The list of items available for nursing patients at home, include the following, and general practitioners were advised that these facilities should be brought to the attention of their patients who may be in need:-

Wheelchairs	Air rings
Commodes	Backrests
Bed cradles	Feeding cups
Bed blocks	Bath seats
Bedpans	Bath rails
Urinals	Raised toilet seats

Rubber bath mats
Draw sheets
Mackintosh Sheets
Cellular blankets
Fracture boards

CHILD HEALTH CENTRES

Name	Place	Open	Medical Officer Attends
Amersham-Old Town	Baptist Church Hall	2nd & 4th Tues.	2nd Tues.
Amersham-New Town	Community Centre	1st, 2nd, 3rd 4th, Tues.	1st, 2nd, 3rd, 4th Tues.
Chalfont St. Giles	Memorial Hall	2nd & 4th Thurs.	2nd Thurs.
Chalfont St. Peter	Community Centre	Each Friday	1st & 3rd Fri.
Chartridge and the Lee	Village Hall	1st & 3rd Thurs.	1st & 3rd Thurs.
Cholesbury	Village Hall	2nd & 4th Thurs.	4th Thurs.
Great Missenden	Baptist Church Hall	4th Mon.	4th Mon.
Holmer Green	Village Centre	Each Wed.	1st and 3rd Wed.
Little Chalfont	Little Chalfont Hall	1st & 3rd Mon.	1st & 3rd Mon.
Prestwood	Village Hall	2nd Wed.	2nd Wed.
Seer Green	Baptist Schoolroom	3rd Thurs.	3rd Thurs.

DISTRICT NURSES AND MIDWIVES working in Amersham Rural District

District served	Group Practice	General and Male Nurse Cover	Midwife or District Nurse/ Midwife
Amersham	Doctors Argles and Kay Doctors Rolt, Phillips, Gibbs, Haydon	Mrs. M. Schofield, 535 Waterside (P.W.I.) Chesham Chesham 71308 Mrs. G. Grollimund, "Kempsie", 9, Albion Road, Chalfont St. Giles. Chalfont St. Giles 2221	Miss E. I. Johnson D/M 7 First Avenue Amersham Amersham 6374
	Doctors Brigstocke & Hall	Mrs. A. S. Gairdner, Mrs. R. Versi, 30, Gladstone Court "Cranmere",	
	Dr. Redman	White Hill, Chesham, Chesham 4519	Bellingdon. Chesham 3100
	All practices in Amersham	Mr. J. Prashad, 25 Penn Avenue, Chesham. Chesham 2842. Mrs. G. Hoskins, 33 Woodside Avenue, Chesham Bois. Amersham 6258. Mrs. H. A. Clitherow 17 Chessfield Park, Little Chalfont. Little Chalfont 3727 Miss P. Rees, Akalas Lodge, Sycamore Road, Amersham. Amersham 5586.	

<i>District Served</i>	<i>Group Practice</i>	<i>General and Male Nurse Cover</i>	<i>Midwife or District Nurse/ Midwife</i>
	All practices in Amersham (continued)	Mrs. B. P. Strickland, F/T Nursing Aux. 2 Elmdon, Fagnall Lane, Winchmore Hill, Amersham. Amersham 6858.	
Penn	Dr. Church		Miss I. M. Cobb DN/M 4a Ashley Drive, Tylers Green, Penn 3691
Chalfont St. Giles/ St. Peter	Doctors Webber Ogden Miles Giles Cosgrove		Miss M. E. Wright DN/M 1 Pennington Road, Chalfont St. Peter Gerrards Cross 84030 Miss M. Inglis District Nurses Flat, Over Library, High Street, Chalfont St. Giles. Chalfont St. Giles 3049
Chalfont St. Peter/ Gerrards Cross	Doctors Brown Wright Pye Welch Hall Creighton		Miss D. S. E. Wooi DN/M 3 Pennington Road, Chalfont St Peter Gerrards Cross 84031
Prestwood	Doctors Streule Carless Bates	Miss H. M. E. Coulson 12, Sixty Acres Road Prestwood Great Missenden 2209	Miss E. J. McIllwaine, DN/M 20 Gaviots Close, Gerrards Cross. Gerrards Cross 84202 Miss H. M. E. Coulson DN/M 12 Sixty Acres Road, Prestwood Great Missenden. Great Missenden 2209
Great Missenden/ Kingshill	Doctors Robinson Collinson	Mrs. J. M. Richardson, 2, Greenlands, Lacey Green, Aylesbury. Princess Risborough 5612 Mrs. J. A. Atkinson, 16, Hazell Road, Prestwood, Great Missenden 3959	Mrs. J. A. Atkinson, 16, Hazel Road, Prestwood. Great Missenden 3959
			Mrs. K. J. Bowden, Nurses Cottage, Rignall Road Great Missenden. Great Missenden 2071

Health Visitors working in Amersham R.D.C., Chesham U.D.C., and Beaconsfield U.D.C.

AMERSHAM

Health Visitor

Mrs. G. E. Engall

Mrs. B. Whiting

Mrs. E. James

Mrs. D. Morgan

Mrs. M. Fennimore

Mrs. J. Martin-Kaye

Mrs. S. A. Link

Mrs. Palmer

CHESHAM

Mrs. E. M. North

Mrs. L. H. Tracey

Mrs. J. R. Davies

Miss M. Kynaston

Mrs. L. Brooks

Mrs. A. E. May

BEACONSFIELD

Miss O. Madden

Miss H. Oldring

Mrs. M. Robus

Miss O. Madden

Miss O. Pearsons

Miss M. Whitford

CHALFONT ST. PETER

Miss M. Cummings

Mrs. J. Brian

Mrs. H. M. Jenks

Miss O. Davies

Miss F. C. Willes

Mrs. L. Reeve

For Patients of

Dr. M. O. Brigstocke

Dr. T. J. Hall

Dr. K. R. V. Argles

Dr. D. W. Kay

Dr. J. B. Rolt

Dr. T. B. W. Phillips

Dr. A. E. R. Gibbs

Dr. D. A. Haydon

Dr. V. L. Redman

Dr. M. J. Streule

Dr. J. J. Carless

Dr. D. T. Bates

Dr. H. T. S. Wise

Dr. R. E. Holmes

Dr. G. B. Middle

Dr. R. A. Fabre

Dr. S. O. Widman

Dr. S. K. Heywood

Dr. J. J. McMullan

Dr. D. W. Harley

Dr. P. Howe

Dr. S. A. H. Hutt

Dr. L. D. Church

Dr. E. D. Watkins

Dr. M. M. Watkins

Dr. J. M. Carey

Dr. H. N. Smith

Dr. R. M. Solomon

Dr. P. C. Green

Dr. R. F. H. Horne

Dr. D. W. Gau

Dr. M. G. Webber

Dr. W. S. Ogden

Dr. R. H. D. Miles

Dr. A. R. Giles

Dr. J. L. Cosgrove

Dr. J. M. Brown

Dr. J. A. Wright

Dr. G. F. Pye

Dr. A. E. Welch

Dr. D. L. Hall

Dr. A. G. Creighton

Dr. T. D. W. O'Flynn

Dr. J. H. C. Hill

Dr. J. M. Laurent

Office Address & Tel. No.

Ambulance Station,

Chiltern Avenue,

Amersham. Tel.

Amersham 3113 and 4582

“ ”

“ ”

“ ”

“ ”

“ ”

“ ”

19, Chesham Road,

Amersham. Tel.

Amersham 6801

“ Ivy House”,

Red Lion Street,

Chesham. Tel.

Chesham 71952

School Clinic

Germain Street,

Chesham. Tel.

Chesham 3991

“ ”

“ ”

U.D.C. Offices,

Penn Road,

Beaconsfield. Tel.

Beaconsfield 4528

“ ”

“ ”

“ ”

“ ”

“ ”

“ ”

“ ”

Ambulance Station,

High Street,

Chalfont St. Peter. Tel.

Gerrards Cross 85911

c/o Stone Maternity

Home, Chalfont St. Giles.

Tel. Chalfont St. Giles.

4177

Ambulance Station,

High Street,

Chalfont St. Peter. Tel.

Gerrards Cross 85911

“ ”

“ ”

“ ”

“ ”

“ ”

SECTION III

NATIONAL ASSISTANCE ACTS, 1948-1951

Section 47

Under this section when persons:—

- (a) are suffering from grave chronic disease or being aged, infirm or physically incapacitated, are living in insanitary conditions, and
 - (b) are unable to devote to themselves and are not receiving from other persons, proper care and attention
- the local authority may apply to a court of summary jurisdiction or to a Justice of the Peace for an order to remove the person to a suitable place.

It was necessary to take action under this section only once during the year.

In general it is felt preferable for persons of good mental state to be persuaded to accept more suitable care voluntarily. Most patients and relatives will accept the combined advice of both general practitioner and medical officer of health and can see the advantages of informal admissions and discharges.

Section 50

Under this Section the District Council has the duty to arrange for the burial of any person who has died in their area, if no suitable arrangements for the disposal of the body are being made. (Where the deceased has an estate the costs are recoverable).

It was not necessary to take action under this section during the year.

SECTION IV

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Notifications of Infectious Diseases

Cases of infectious diseases notified during the year are given below, together with comparative figures for 1970.

	Cases		Notified
	1970	1971	
Measles ..	191	80	
Whooping Cough ..	14	14	
Scarlet Fever ..	24	21	
Food Poisoning ..	34	31	
Dysentery ..	6	1	
Infective Jaundice ..	6	25	
Tuberculosis –			
Pulmonary ..	3	5	
Non-Pulmonary ..	3	—	

Analysis of Notifiable Disease in Age Groups:-

	Total cases of all ages	Cases Notified									
		under 1	1	2	3	4	5-9	10-14	15-24	25 and over	
Whooping Cough	14	0	1	1	3	0	9	0	0	0	
Measles ..	80	4	3	8	8	8	44	2	1	2	
Scarlet Fever	21	0	0	1	3	3	9	3	1	1	

Measles

Despite the prevalence of measles, this incidence would probably have been higher had vaccination not been introduced for children of school age and pre-school age.

Vaccination against measles now comes into the scheme of computer control appointments.

Whooping Cough

In recent years there has been a decrease in the number of cases notified and as this is a potential cause of damage to the lungs in later life, this is most gratifying.

Infective Jaundice

Of the 25 cases notified, thirteen of them were in respect of children.

The Public Health Inspectors visit each case, giving advice and leaving literature concerning the disease.

It is important that the Public Health Department is informed if a case of jaundice occurs in a blood donor or one of his relations.

Food Poisoning

Of the 31 cases notified, 18 were sporadic and 13 were family outbreaks. Upon bacteriological examination 3 were typed as *S. typhimurium*, but the cause in the other cases was unknown.

Tuberculosis

The following table shows the new cases of tuberculosis and the deaths from the disease, arranged in age groups:-

Age-Groups in Years	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	1	—	—	—	—	—	—	—
25	—	—	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
45	—	—	—	—	—	—	—	—
55	1	1	—	—	—	—	—	—
65 and over	1	—	—	—	—	—	—	—
Total	3	2	—	—	—	—	—	—

Incidence of Venereal Diseases

Figures are now available for the incidence of Syphilis, Gonorrhoea and other Venereal conditions diagnosed at Wycombe General Hospital clinic. This information has been obtained by the County Medical Officer and, of course, applies to patients whose home addresses may be anywhere, and not necessarily in this District Council's area.

The following are the details from the various treatment centres:-

Hospital		Syphilis	Gonorrhoea	Other sexually transmitted diseases			
		1971	1970	1971	1970	1971	1970
Royal Buckinghamshire Hospital ..	(Aylesbury) ..	—	1	31	20	207	154
Wycombe General Hospital ..	..	14	17	63	89	435	340
Bedford General Hospital ..	..	—	—	3	4	7	4
Hillingdon Hospital ..	..	—	—	10	15	84	65
King Edward VII Hospital Windsor	..	9	7	74	84	417	302
Northampton General Hospital ..	..	—	—	2	—	18	18
St. Bartholomew's Hospital ..	..	—	*	1	*	17	*
St. Thomas's Hospital ..	..	—	—	1	3	34	22
Royal Berkshire Hospital ..	..	—	*	—	*	4	*
Total		23	25	185	215	1,223	905

*No separate return received.

IMMUNIZATIONS AND VACCINATIONS

(a) Smallpox

It is not now usual to give smallpox vaccination at the clinics to infants during the second year of life. The incidence of side effects from vaccination is lowest at this age, but unless there is a specific reason (e.g. travel abroad) risk of infection in the United Kingdom is regarded as very slight now.

(b) Tuberculosis

B.C.G. vaccination at about the age of 12 to 13 years and all immigrant school children is provided by the School Health Service. In the Amersham and Chesham Division it is pleasing to note that once again there was an excellent response from parents.

The B.C.G. vaccination is preceded by a tuberculin test which indicates whether the individual has in the past been infected with tuberculosis. Most of these infections are very mild and cause no definite symptoms. The number reacting to this test is a measure of the past exposure of these children to tuberculosis and in this context it is interesting to note the following figures:—

<i>Year</i>	<i>Tuberculin Test Positive (excluding those reacting due to previous B.C.G. Vaccination)</i>
1961	6.5%
1971	2.3%

Those children who react strongly to this test are later referred to the Chest Physician for further consideration and possibly radiological screening of the chest.

(c) Diphtheria

No cases of diphtheria were notified. This is an infection which is highly dangerous and liable to recur when the general state of immunity of the population falls too low. Protection is usually given together with tetanus vaccine or tenanus and whooping cough vaccine during the first few months of life and again on entry to school at five years of age.

(d) Poliomyelitis

Vaccination against polio may now be carried out orally at the same time as the injections mentioned above, i.e. about six months and again at five years of age. Oral polio vaccine produces a better level of immunity on the whole than that given by injected polio vaccine.

(e) Rubella

Vaccination against German Measles became possible at the end of 1970 following the granting of a licence for the manufacture of the vaccine to be made available to 12-year-old and 13-year-old girls.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

At the June examinations of the Public Health Inspectors' Education Board one of our Student Public Health Inspectors was successful in obtaining his diploma and was appointed to a vacancy as a District Public Health Inspector which arose in August. Two of the clerical staff resigned and were replaced.

In the report for 1970 reference was made to the possibility of fragmentation of the environmental health functions and it was very gratifying that the Secretary of State for the Department of the Environment in circular 84/71 indicated that he had decided to allocate virtually all environmental health functions to district councils. The view has since been expressed by a number of prominent individuals that a strong well staffed Environmental Health Department will be essential when the new district councils come into operation on the 1st April, 1974.

The Slaughter of Poultry (Humane Conditions) Regulations, 1971, came into operation on the 1st August and are applicable to two poultry establishments in the district. On the 1st March the Food Hygiene (General) Regulations, 1970, came into operation.

Revised and amended licence conditions were introduced when all licenses for the storage of petroleum spirit and petroleum mixtures were renewed on the 1st April.

SUMMARY OF INSPECTIONS

General Sanitation

Water Supply	12
Drainage	384
Piggeries	34
Moveable Dwellings	357
Vermin	43
Factories (Power)	120
Factories (Non-Power)	35
Outworkers	4
Refuse Collection/Disposal	142
Public Conveniences	2
Clean Air Act	133
Hairdressers	18
Offices, Shops and Railway Premises	372
Pet Animals and Animal Boardings	40
Miscellaneous	303
	— 1,999

Housing

House Inspections (Public Health Act)	..	133
House Inspections (Public Health Act)	..	
Revisits	.. .. .. ..	103
House Inspections (Housing Act)	..	268
House Inspections (Housing Act)	..	
Revisits	.. .. .. ..	219
Housing Applications	.. .. ..	111
Improvement Grants	.. .. ..	963
Rent Act	.. .. .. ..	41
Miscellaneous	.. .. .. ..	123
		— 1,961

Infectious Diseases	.. .. .. ..	135
		— 135

Meat and Food Inspection

Visits to Slaughterhouses	.. .. ..	1,865
Other unsound Food Inspections	.. .. ..	358
Food Preparing Premises	.. .. ..	85
Food Hygiene Visits (Retailers)	.. .. ..	272
Food Hygiene Visits (Cafes, Hotels, Schools)	.. .. ..	104
Dairies	.. .. .. ..	24
Section 16 Food and Drugs Act	.. .. ..	3
Licenced Premises	.. .. ..	25
Miscellaneous	.. .. .. ..	52
		— 2,788

Visits in Connection with Sampling

Milk	.. .. .. .. ..	20
Water	.. .. .. .. ..	157
Ice-cream	.. .. .. .. ..	2
Swabs	.. .. .. .. ..	51
Faeces	.. .. .. .. ..	10
Food	.. .. .. .. ..	53
Cream	.. .. .. .. ..	3
		— 296

Petroleum Acts and Regulations	.. .. ..	198
		— 198
		— 7,377

SUMMARY OF NOTICES SERVED

Public Health and Housing Acts

The day to day complaints under the above Acts were, in the main, dealt with by informal action. Below is a summary of the notices served during the year:-

<i>Informal Notices</i>		<i>Statutory Notices</i>	
Served	7	Served	1
Complied with ..	4	Complied with ..	1

HOUSING

The number of properties shown below, controlled by the Council at the end of December 1971 was 3,186 the same as at December 1970. The Range of properties is as follows:-

	<i>Dec. 1970</i>	<i>Dec. 1971</i>
Pre-war Council Houses ..	671	671
Post-war Council Houses ..	2,469	2,469
Prefabricated Bungalows ..	46	46
	<hr/>	<hr/>
	3,186	3,186
	<hr/>	<hr/>

At the 31st December, there were approximately 1,000 applicants on the Council's Housing list.

Housing (Financial Provisions) Act 1958 and Housing Act 1969 Discretionary Grants.

A further 99 formal Certificates of Approval to applicants for improvement grants were issued for the improvement of 104 dwellings and the total amount of grant offered was £34,847.

A summary of the applications approved since the inception of the provisions is given below:-

<i>Years</i>	<i>Applications approved</i>	<i>Total Grants</i>
1950 to 1955	114	£31,416
1956 to 1960	261	£66,391
1961 to 1965	135	£43,570
1966 to 1969	96	£27,069
1970	84	£33,659
1971	99	£34,847

Attention is drawn to the impact of the Housing Act, 1969, which amongst other inducements increased the maximum grant to £1,000, e.g. the number of applications approved in 1971 (99) exceeded the number of applications approved for the four years 1966 to 1969.

Standard Grants

During 1971, 28 grants were approved for the improvement of 28 dwellings, the maximum total approved amounting to £2,705.

Slum Clearance

One dwelling was demolished, nine were closed and a number of other dwellings were reported as being unfit within the meaning of the Housing Act, 1957, and not capable of being made fit at

reasonable expense. Seven undertakings were accepted. Three demolished orders were revoked and two closing orders were determined following the carrying out of extensive works of repair and improvement, which had the effect of securing the fitness of the dwellings.

The Amersham R.D. (Waterworks Cottages, London Road). Clearance Order, 1970, was confirmed and steps were taken towards the end of the year to declare three further small areas as clearance areas.

Caravan Sites and Control of Development Act, 1960 and The Caravan Sites Act, 1968.

At the 31st December the number of site licences issued and current under the above Acts was 35 and all the licences are for permanent residence, with the exception of one which is for holiday purposes. The majority of these site licences are for one caravan, but the total number of caravans on the 35 sites is 202, of which 154 are on three multiple sites.

The Council's own site at Whelpley Hill, where there are 94 standings, continued to be well maintained. Vacancies, as they arise, are filled in accordance with a points scheme and during the year the number of applicants on the waiting list continued to increase. In order to overcome the contravention of the standard condition of 20 feet between caravans the number of caravans on the site is being gradually reduced.

The exemption provisions for agricultural workers under paragraph 7 of the first schedule of the Caravan Sites and Control of Development Act, 1960, still continues to cause concern but there was some improvement during the year.

Legal proceedings were taken in respect of three contraventions of section 1 of the Caravan Sites and Control of Development Act, 1960, all of which resulted in a conviction. Fines of £140, £50 and £40 were imposed and advocates fees amounting to £45 were awarded.

Gypsy Caravan Site

Despite its statutory obligation under Part II of the Caravan Sites Act, 1968, very little progress was made by the County Council during the year towards the establishment of a site for the gypsy population. Representations were made by this Council to the County Council to treat the provision of such a site as a matter of urgency.

Water Supply

The Rickmansworth and Uxbridge Valley Water Company is the statutory undertaking which supplies water to the whole of the Council's district, with the exception of the parish of Cholebury-cum-St. Leonards and a portion of the parish of The Lee, which are served by the Bucks. Water Board. In addition to maintaining a satisfactory quality of water, the water undertakings maintained a satisfactory pressure.

There were no extensions to the mains of the Bucks. Water Board. The extensions to the mains of the Rickmansworth and Uxbridge Valley Water Company were:-

- 34 metres of size 51 m.m.
- 971 metres of size 102 m.m.
- 54 metres of size 203 m.m.
- 1,453 metres of size 305 m.m.
- 2,579 metres of size 610 m.m.

The natural fluoride content of the water supplied by the Rickmansworth and Uxbridge Valley Water Company is less than 0.01 part per million. The average natural fluoride content of the water supplied by the Bucks. Water Board during 1971 was 0.10 mg per litre as fluorine.

The following table shows the number of dwellings supplied with main water, either direct or by means of a stand-pipe, at 31st December, 1971.

In the water supply statistics, calculations have been based on an average of 3.1 persons per house. Caravans average 2.5 persons per unit.

Parish	No. of Houses with main water supply		Population Supplied with main water	
	Direct	By Stand Pipe	Direct	By Stand Pipe
Amersham	5,718	—	17,726	—
Ashley Green ..	257	—	798	—
Chalfont St. Giles ..	2,266	3	7,025	7
Chalfont St. Peter ..	4,466	3	13,845	7
Chartridge	508	4	1,575	10
Chenies	356	—	1,104	—
Chesham Bois ..	880	—	2,728	—
Cholesbury	293	50	908	125
Coleshill	310	—	961	—
Latimer	309	—	958	—
The Lee	226	5	701	12
Gt. Missenden ..	2,651	7	8,218	17
Lt. Missenden ..	1,615	5	5,006	12
Penn	1,351	—	4,188	—
Seer Green	553	—	1,714	—
TOTALS	21,759	77	67,455	190

Water Samples

During the year 45 samples were taken from the public mains all of which were submitted for bacteriological examination and 12 were submitted for chemical examination. The reports on these samples were all satisfactory.

Copies of typical reports on the results of the chemical analyses are given in Appendix II of this report.

90 samples were taken from other sources of water supply as follows:-

<i>Bore Holes</i>	<i>Well</i>
89	1

All these 90 samples were submitted for bacteriological examination. Five were found to be unsatisfactory, these being taken from bore holes. In all cases appropriate precautions were taken.

31 samples were taken from swimming pools and submitted for bacteriological examination. Most of these were taken at the request of the County Education Authority from pools at schools. Two were found to be unsatisfactory and the appropriate precautions were taken.

Drainage and Sewerage

The main centres of population at Amersham-on-the-Hill, Amersham Old Town, Chesham Bois, most of Little Chalfont, Chalfont St. Peter, Chalfont St. Giles, Seer Green and Jordans, part of Knotty Green, Hazlemere, part of Penn Village, Holmer Green, Prestwood, Great and Little Missenden, Chenies Village, part of Coleshill and Chartridge caravan site are provided with public sewers.

During the early part of the year two small sewer extensions were constructed which served part of Austenwood Close and Cherry Tree Lane in Chalfont St. Peter, and in the latter part of the year sewer extensions were constructed at Knotty Green, one serving the eastern side of Penn Road, and the other serving part of Forty Green Lane.

The Misbourne Valley Relief Trunk Sewer and Balancing Tank contract was awarded in the Spring, work commencing in July. Construction is not expected to be completed until the end of 1972, and this will permit further extensions of the drainage system into the unsewered villages to the North and West of Amersham.

During the year design work and documentation were completed, and tenders obtained for the drainage of Botley, Lye Green, and Ley Hill sewers of the Rural District, and this work was programmed to commence in the early Spring of 1972.

The majority of areas sewered are drained to the Misbourne Valley and then by deep gravity sewer to the West Hertfordshire Main Drainage Authority's works at Maple Cross for treatment. Other areas at the Rural District boundaries are drained into the sewerage systems of the adjoining Authorities.

These are as follows:-

Part of Knotty Green	— Drainage to Beaconsfield U.D.C.
Hazlemere and part of	
Penn Village	— Drainage to Wycombe R.D.C.
Heath End, Great	
Kingshill	— Drainage via Wycombe R.D.C's sewers to High Wycombe M.B.C.
Part of Chesham Bois and	
part of Chartridge	— Drainage to Chesham U.D.C.

At the present time 14 pumping stations and 24 small sewage disposal works are maintained by the Council.

Cesspool Emptying Service

During the year 41 properties with cesspools or septic tanks were connected to the sewer and 17 new properties were constructed with cesspools. The general demand on the service during the year has tended to increase owing to the construction of new cesspools coupled with the small amount of drainage construction completed.

Collection and Disposal of refuse

The refuse collection service was maintained at weekly intervals except for a few occasions when, due to holidays, it extended to fourteen days. On these occasions paper sacks were issued to the properties concerned to enable householders to store the additional refuse.

As in previous years many residents availed themselves of the free disposal facilities for old cars and bulky refuse at London Road Depot, or requested the collection of bulky household refuse.

As a consequence the demand on the service again rose above that in the previous year and 2048 special collections were made from properties. Refuse removed from roadside verges amounted to 156 loads and included 14 dead animals, 104 old cars were deposited at the Depot, and a further 213 collected.

The total tonnage of refuse collected rose by 100 tons over last year's figure to 16,388. This represents 13.71 cwt. per 1,000 persons per day. All refuse is tipped at the Council's London Road Depot and transferred by a contractor to bulk loading vehicles and disposed of by controlled tipping outside the district.

Rodent Infestation and Destruction

The Council continued the policy of undertaking contracts in respect of agricultural land and business premises, the number of contracts at the 31st December was 68, and covered 58 agricultural properties and 10 business premises. The contract, in most cases, is for one year with a minimum of four treatments.

During the year routine testing of all trunk sewers was introduced the effect of which will be that the whole of the sewers will be bait tested each year.

At the request of the Public Works Committee a squirrel shoot was undertaken by the rodent control staff in the woodlands owned by the Council at Prestwood and Chorleywood and was quite successful.

A summary of the work done is given below:-

No. of premises inspected for rats, mice and glis-glis	..	..	..	965
No. of treatments given to private premises for rats and mice	..	..	..	517
No. of treatments to business premises for rats and mice	..	..	..	4

No. of treatments to premises under contract for rats and mice	122
No. of wasps' nests destroyed	517
No. of glis-glis (edible dormice) caught	45

There was an increase in the number of wasps nests destroyed from 244 in 1970 to 517 in 1971. Although not a statutory duty under the Prevention of Damage by Pests Act 1949, the Council has agreed to undertake the work on a pre-payemnt basis as no other service is available to the ratepayers.

Many requests were again received for assistance in connection with birds, (particularly pigeons and starlings), insects and pests (other than rats and mice) such as squirrels, moles, foxes, etc. Such requests were dealt with at the discretion of the Rodent Officer. It was not practicable to do anything other than offer advice in respect of many of the enquiries received. Any work done, which is not within the stautory duties of the Council under the Prevention of Damage by Pests Act 1949, is on a pre-payment basis.

SECTION VI

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955

Milk and Dairies (General) Regulations, 1959

(i) The Bucks County Council, as the Food and Drugs Authority samples milk produced on farms in this district. These samples are sent for bacteriological examination primarily for tubercle bacilli, but the examination also reveals the presence of brucella organisms. When such organisms are isolated the District Medical Officer of Health is informed. During the year 5 such reports were received and immediate action was taken to ensure that no untreated milk from the farms was sold in that condition.

(ii) Complaints of dirty milk bottles continued to be received from time to time. In all cases the bottling establishment is given an opportunity of seeing the contamination with a view to keeping the staff alert at all times. All such establishments employ 'spotters' at the bottling premises and most retailers pay a small premium to their roundsmen for each bottle which they find in an unsatisfactory condition. A number of warnings were given.

Milk Sampling

17 samples of pasturised milk were obtained and subjected to the methylene blue and phosphatase tests. All of these were found to be satisfactory.

Miscellaneous Sampling

Meat Products

42 samples of meat products, e.g. sausages, ham, salami, etc. were submitted for bacteriological examination. Two were found to be unsatisfactory. Appropriate steps were taken.

Ice Cream & Cream

4 samples of ice cream and 2 samples of cream were submitted for bacteriological examination and the results were satisfactory.

Utensil Swabs

32 sets of utensil swabs were taken at kitchens of canteens, cafes hotels etc. These swabs, which are provided by the Public Health Laboratory Service, are wiped round cups and plates which have been washed. The swabs are then placed in a sterile bottle and sent to the Laboratory for bacteriological examination. In 13 cases adverse reports were received. In these cases a further visit was made to the premises concerned to thoroughly examine the washing apparatus and the technique adopted. Invariably a repeat of the tests shows a considerable improvement.

Food Hygiene (General) Regulations 1970

The inspectors continued their routine inspections of premises which are subject to the above Regulations and informal notices

were served in cases where a contravention of the Regulations was found.

413 visits were made to all types of premises where food is prepared, stored or sold for human consumption. This we consider to be a very important part of the public health inspector's wide field of duties and to which too much time cannot be devoted.

The number of food premises subject to these regulations grouped in categories of trade carried on in them are listed below:-

Butchers	..	..	..	..	26
Catering establishments	..	..	..	..	41
Bakers and Confectioners	..	..	..	..	19
Greengrocers	..	..	..	..	18
Provision merchants	..	..	..	..	59
Fish Shops	..	..	..	..	3
<hr/>					
Total					166
<hr/>					

Sections 2 and 8

16 complaints of alleged unfit food were received during the year, two of which related to food affected by mould, two to the presence of insects, two to contamination, two to decomposition, one to staleness and seven to the presence of foreign objects. In the case of four of the complaints, legal proceedings were taken and the defendant was convicted in all cases, but it is of some doubt whether the fines imposed, £50, £25, £15 and £10 plus a total of £42 for advocates fees, were a strong enough deterrent.

The public continues to be encouraged to complain and are notified of the Committee's decision and retailers are strongly advised to exercise more supervision and strict stock rotation.

Section 16

There was an increase in the number of premises registered under this section and at the end of the year 191 premises were registered as follows:-

For the manufacture, sale or storage of ice-cream	163
For the manufacture, sale or storage of ice-cream and for the preparation and manufacture of sausages, and preserved foods and cooking chicken	3
For the preparation and manufacture of sausages and preserved foods	20
For cooking chicken	3
For cooking fish and chips	2
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Total	191
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Meat Inspection at Slaughter houses

The following table gives details of the number of animals slaughtered at the two bacon factories, and one mixed slaughter-house, together with details of the post-mortem inspection:-

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
No. killed and inspected	2,592	2,697	67	4,341	79,253
<i>All diseases except Tuberculosis</i>	..	..	..	..	..
Whole Carcasses condemned	..	..	..	..	..
Carcasses of which some part or organ was condemned	..	..	..	..	..
Percentage of the number inspected affected with disease other than T.B.	..	..	..	..	..
<i>Tuberculosis only</i>					
Whole Carcasses condemned	..	..	..	..	..
Carcasses of which some part or organ was condemned	..	..	..	..	..
Percentage of the number inspected affected with T.B.	..	..	..	..	..

The total amount of meat condemned at these slaughterhouses was 50 tons 11 cwt 0 qtrs. 0 lbs. and the total amount of offal condemned was 49 tons 2 cwt 2 qtrs. 10 lbs.

The condemned meat and offal and other non-edible parts from the slaughterhouse operations are removed by a contractor and are used for the manufacture of soap and animal feeding stuffs.

Other Foodstuffs condemned:

Poultry	14,348 lbs	Fish	56 lbs
Meat	5,146 lbs	Cheese	47 lbs

Tinned Goods condemned:

Vegetables	1,123 tins	Milk	104 tins
Fruit	729 tins	Soup	198 tins
Meat	1,131 tins	Fish	90 tins

The 14,348 lbs of poultry was voluntarily surrendered at a poultry packing establishment and by far the greatest proportion of tinned goods was voluntarily surrendered at a wholesale grocer's premises. The condemned poultry and condemned food was removed under supervision, to the Council's depot for disposal.

Slaughterhouse Act, 1958

The licences in respect of the two bacon factories and the mixed slaughterhouse were renewed.

Slaughter of Animals Act, 1958

The number of slaughtermen's licences renewed was 29 and 9 new licences were issued.

Pet Animals Act, 1951

2 licences were renewed and 2 new licences were issued under this Act.

Animal Boarding Establishments Act, 1963

8 licences were renewed and 1 new licence was issued.

Game Act, 1831

The number of licences renewed was 11 and 1 new licence was issued.

Poultry Inspection

There are two poultry processing premises within the district and there were 160 visits to these premises. The total number of birds processed during the year was 101,596 and this figure was made up of:-

30,788	Hens
60,181	Turkeys
10,627	Chickens

The percentage of birds rejected as unfit for human consumption was 3.0% and the weight of poultry condemned was 14,348 lbs.

Air Pollution

The main problem continued to be smoky bonfires despite the publicity given by the Council to this anti-social practice.

Offices, Shops and Railways Premises Act, 1963

Further applications were received for registration under this Act and the following statistics were included in the annual report to the Department of Employment and Productivity:-

	<i>No. of Premises Registered at 31st December, 1970</i>	<i>No. of Persons Employed at 31st December, 1970</i>
Offices	188	1,420
Retail Shops	333	1,289
Wholesale Shops, Warehouses	10	292
Catering Establishments open to the Public, Canteens ..	44	286
Fuel Storage Depots	3	7
	578	3,294

The total of 3,294 employees consisted of 1,525 males and 1,769 females.

255 registered premises received a general inspection during the year and 372 other visits were made, making a total of 627 visits of all kinds.

19 informal notices were served.

Petroleum (Regulations) Acts 1928 and 1936

The number of licences renewed was 98 and 2 new licences were issued.

A total of 198 visits were made under the Regulations as against 156 for the previous year.

Rag, Flock and other Filling Materials Act 1951

2 premises are now registered under the above Act.

Samples of filling materials were obtained for analysis and found to be satisfactory.

Noise Control

A number of complaints were received and were mainly concerned with light industrial activities and machinery. Reference was made in the report for 1970 to noise from the drying unit of a car washing machine and further complaints were received during this year. Approaches were made to the operators of the machine to fit silencers but were unsuccessful. In April the Council resolved to take no further action.

Bucks County Council Act, 1957

Under section 52 of this Act, all persons carrying on the business of hairdresser or barber's shop are required to register with the local authority and the number of persons and premises registered at the end of 1971 was 35.

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Medical Officer of Health

F. G. CAUDERY, F.A.P.H.I., M.R.S.H.
Chief Public Health Inspector

SECTION VII

APPENDIX I—

FACTORIES ACT, 1961

Part I of the Act

1 INSPECTION for purposes of provisions as to health (including inspection made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecu- ted (5)
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities* ..	4	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	142	69	26	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	2	—	—
Total ..	150	74	26	—

2. Cases in which DEFECTS were found:—

Particulars (1)	Number of cases in which defects were found		Number of cases in which prosecutions were instituted	
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)
<i>Ineffective drainage of floors (S.6)</i>	—	—	—	—
<i>Sanitary Conveniences (S.7)</i>				
(a) Insufficient	2	1	—	—
(b) Unsuitable or defective	24	10	—	—
(c) Not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
Total	26	11	—	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

<i>Nature of work</i>	<i>Section 133</i>		<i>Section 134</i>	
	<i>No. of Outworkers in August list required by Section 133 (1) (c) (2)</i> (1)	<i>No. of cases of default in sending list to Council (3)</i> (2)	<i>No. of prosecutions for failure to supply lists</i> (4)	<i>No. of instances of work in unwholesome premises</i> (5)
<i>Wearing Apparel: Making, etc., Cleaning and Washing</i> ...	127	—	—	—
Brush Making	...	—	—	—
Textile Weaving	...	—	—	—
Total	...	127	—	—

N.B.—Of the total of 127 shown in column (2) only 27 of the outworkers were resident in the area of the Amersham R.D.C. The appropriate local authorities were notified of the remaining 100 outworkers.

With regard to column (3) the employers in this district who employ outworkers invariably have to be reminded of their obligation to submit the list of outworkers.

APPENDIX II—

WATER SUPPLY

The following are copies of the Analyst's reports on the examination of samples from four different sources of main water:-

9th March 1971 Ref. M.256.	Sample from tap at:- Chalfont St. Peter Secondary Modern School, Chalfont St. Peter.	(Rickmansworth and Uxbridge Valley Water Company's supply)
15th June, 1971 Ref. M.43	Sample from tap at:- Mendip, Ballinger.	(Rickmansworth and Uxbridge Valley Water Company's supply)
15th June, 1971 Ref. M.42	Sample from tap at:- Glebefield, Coleshill.	(Rickmansworth and Uxbridge Valley Water Company's supply)
28th September, 1971 Ref. M.127	Sample from tap at:- Rushymead, Coleshill.	(Rickmansworth and Uxbridge Valley Water Company's supply)

Reports

		M.256	M.43	M.42	M.127
Appearance ..	..	..	All clear and	Colourless	
Reaction (pH)	..	6.9	7.1	7.1	7.1

Parts per Million

Free Chlorine ..	..	..	Nil	Nil	Nil	Nil
Total Solids ..	..	..	385	370	390	460
Loss on Ignition ..	..	..	85	—	—	45
Chlorine in Chlorides ..	..	..	30	25	30	60
Ammoniacal Nitrogen ..	..	..	Nil	Nil	Nil	Nil
Albuminoid Nitrogen ..	..	..	Nil	Nil	Nil	0.002
Nitrate Nitrogen ..	..	..	3.7	3.3	2.4	2.35
Nitrite Nitrogen ..	..	..	Nil	Nil	Nil	Nil
Oxygen absorbed from perman- ganate (3hrs. at 98°F.) ..	..	..	Nil.	Nil	Nil	0.16
Hardness, Temporary ..	..	261	276	253	28	
Permanent ..	..	40	24	29	—	
Total ..	..	301	300	282	249	
						(Alkalinity as Na_2CO_3)

Metals—Lead, Copper, Zinc ————— Not found

Bacteriological Examination

Colonies on agar in 48 hours at 37°C. ..	..	..	Nil	Nil	Nil	Nil
Colonies on agar in 72 hours at 20°C. ..	..	..	Nil	Nil	Nil	Nil
Coliform bacilli ..	..	..	————	No found in 100 mls.	————	

The Public Analyst was of the opinion that the water was on all occasions of high chemical and bacteriological purity and suitable for drinking and domestic purposes.

FAMILY PLANNING ASSOCIATION

Three clinics are operating within the Amersham Rural District and they are as follows:-

AMERSHAM:	Out-Patients Dept., Amersham General Hospital, Monday, Tuesday, Thursday evenings, 7.00 p.m. – 8.00 p.m. Telephone: Amersham 4411 during session times.
CHALFONT ST. PETER:	Chalfonts & Gerrards Cross Hospital, Chalfont S. Peter, Tuesday 6.30 p.m. – 7.30 p.m. Wednesday 9.30 a.m. – 11.00 a.m. Telephone: Gerrards Cross 84750 during session times.
CHESHAM:	Ivy House, Red Lion Street, Chesham, Wednesday 11.30 a.m. – 12.30 p.m. Telephone: Chesham 6670 during session times.

CLINIC REPORTS

AMERSHAM: New Patients: 485 Transfer Patients: 175.
Doctor Visits: 4534.

Reasons For Visit:

Birth Control	4507
Consultation only	27

Source from which patients came:

Hospital	12
Local Authority	13
Friend of patient	210
Family Doctor	167
Transfer from F.P.A. clinics	175
Other Sources including Maternity Unit Service	83

Age at first visit of new patients:

Under 20 years:	90
20-24 years:	158
25-29 years:	104
30-34 years:	69
Over 34 years:	64

Number of Pregnancies:

None:	224
One:	77
Two:	118
Three:	45
Four:	17
Five:	3
Six:	1

Cytology: 925 tests. One positive result.

For the year under review, the average attendance per session was 305. An average of 30 has been maintained with only minor fluctuations for three years, indicating that our facilities are now closely matched to the demand. There is a slight increase in the rate at which patients new to the Amersham clinic are being registered. This for 1971 averages 4.4. per session which is 0.8 higher than the 1970 average. The fact that this noticeable increase in new patients has not shown a corresponding increase in average attendances is probably accounted for by less supplies only visits.

Medical and Nursing Training

In general there is a shortage of trained personnel for expansion of the service. Although this shortage is not apparent locally we are actively co-operating in the training of doctors and nurses at the Amersham clinic.

During the year under review the number of doctors trained has continued at a steady rate but the demand for nurses training has shown a marked increase.

F.P.A. Speakers

We have a group of specially trained speakers, some doctors or nurses some are clinic lay-workers; this means that every type of audience from medical groups to young political groups can be provided with a speaker suited to its own need. The local group have been active throughout the year.

CHESHAM:

No. of Sessions Held	51
Doctor Sessions	105
New Patients	159
Transfer Patients	43
Total Doctor Visits	1769

Reasons for Visit:

Birth Control	1755
Consultation Only	14

Source from which patients came:

Friend or Patient	26
Family doctor	91
Transfer from F.P.A. Clinics	43
Other Sources	42

Age at first visit of new patients:

Under 20 years:	26
20-24 years:	46
25-29 years:	41
30-34 years:	27
Over 34 years:	19

Number of Pregnancies at first visit:

None:	47
One:	49
Two:	34
Three:	19
Four:	4
Five:	6

Cytology: 215 tests.

The average attendance during 1970, as mentioned last year showed a tendency to rise and had it continued we would have required another doctor session. The climb continued into the first quarter of 1971 reaching an all time peak of 37.5 but then steadily declined throughout the rest of the year, finishing in the last quarter at 31. However, the yearly average is higher than 1970, so at its present level the decline observed is not significant. The rate at which new patients to Chesham are being registered also fell steadily throughout 1971, being 5 in the first quarter and 2.8 in the last. The yearly average is 4.

CHALFON ST. PETER:

Number of Sessions Held:	102
Doctor Sessions:	108
New Patients:	185
Transfer Patients:	55
Total Doctor Visits:	1711

Reasons for visits: . .

Birth Control	1691
Consultation Only	20

Source from which patients came:

Friend or Patient:	61
Transfers from F.P.A. clinics:	55
Family Doctor:	94
Other Sources:	30

Age at first Visit of New Patients:

Under 20 years:	27
20-24 years:	41
25-29 years:	40
30-34 years:	37
Over 34 years:	40

Number of Pregnancies at first visit:

None:	65
One:	32
Two:	48
Three:	34
Four:	5
Five:	1

Cytology: 390 tests.

Sessional Arrangements Amersham-Chesham.

There has been a resurgence of interest in the I.U.D. method of birth control and since we are unable to offer this service in Chesham this may account for the slight downward tendency of the Chesham attendances.

The total number of I.U.D. fittings in 1971 was 178, an increase of 15% over 1970, with the increase becoming greater towards the end of the year. This made it necessary from September, for a full I.U.D. session to re-place a Mixed session. So far the attendance levels at this session have been most encouraging.

Women in Puerperium

Final arrangements were made for us to operate, on behalf of the Local Authority, a scheme whereby F.P.A. Sisters visited women in the Maternity Unit of Amersham General Hospital. The prime object being to tell women the kind of Family Planning advice available, and where to go to obtain this. A woman not wanting any discussion has her wishes respected but more precise details can be given if patients request this.

The service was started late April 1971, and the statistical information is listed:

No. of Sessions held	99
No. of Patients seen:	744 (80% of total deliveries)
No. of Patients Missed:	187 (20%)
Total Deliveries for this period:	931
Patients dis-interested:	20 (2.7%)
Patients who have not had any previous birth control advice:	327 (45%)
Parity of Patients Seen:	
One:	334 (46%)
Two:	217 (30%)
Three:	90 (12%)
Four:	35 (35%)
Five:	28 (4%)
Six:	12 (2%)
Seven:	5 (0.7%)
Eight:	1 (0.1%)
Thirteen-	1 (0.1%)
Fourteen:	1 (0.1%)

There is a very small percentage who do not wish to have any discussion on birth control, but the number of cases where women have not had any previous advice is significant and indicates the importance of this method of being available to them.

We are pleased to report that all arrangements are now complete for this service to be extended to the Stone Maternity Home.

Applications for grant re-newals have been made to all the Councils concerned.

National Family Planning Agency Scheme

Under the National Family Planning Agency Scheme, Buckinghamshire County Council has agreed to pay the cost of advice and supplies for women who need family planning advice for medical reasons.

The agreed definition of a "medical case" is:

"Any woman whose health in the opinion of the examining doctor would be expected to suffer by the increased (mental, physical, or social) burdens placed on her by pregnancy".

This would normally include any unsupported mother, any woman with housing or financial difficulties, and any mother of a child under one year old. Unfortunately, perhaps because the scheme has been insufficiently publicised take-up during 1971 was poor; 155 patients were paid for under the scheme, 63 at Amersham, 25 at Chesham and 67 at Chalfont. Only 13 patients were referred by local authority staff to the Amersham/Chesham clinics and none to the Chalfonts clinic.

Vasectomy Service

A Vasectomy service began at the High Wycombe clinic in February 1971. Patients requesting vasectomy are referred from a wide area, including Amersham Rural District. During 1971, 160 operations were performed.

Information Services

A Branch Information Service has recently been established. The service is co-ordinated centrally from the Branch Office in Reading, but local Information Officers have been appointed to work in the Amersham, Chesham, and Chalfont areas. The aim of the service is to provide information not only about local F.P.A. clinic services, but also, through communication with the press, health and social agencies, and local organisations, information about any aspect of family planning.

D. CUNDY
Clinic Secretary

S. BARNES
Senior Medical Officer

